

DHHS SMALL BUSINESS REVIEW FORM

1. Solicitation Number/Type of Contract: _____ 2. Total Dollar Value, including Options based on Government Estimate: Base/Multi-Year _____ Option 3 _____ Option 1 _____ Option 4 _____ Option 2 _____ Option 5 _____	4. Item/service description or project title: _____ 5. NAICS CODE: _____ DOLLARS: _____ NO. OF EMPLOYEES: _____ ASSETS: _____ ELECTRIC OUTPUT: _____	6. Date Received by Small Business Office (SBO): SBO Control Number, if applicable _____ 7. Contracting Officer/Specialist (CO/CS) Name, Bldg., Room, Phone, Fax, E-mail: _____ _____																						
3. Period of Performance: _____ _____ _____																								
8. <input type="checkbox"/> New Requirement <input type="checkbox"/> Recompensation <input type="checkbox"/> Similar Requirement Acquisition History: Previous Contract Number: _____ Award Date: _____ Type of Award (i.e., 8(a), HUBZone, SBSA, JOFOC): _____ Total Amount of Contract Award: _____ Contractor Name: _____ Contractor Size/Type of Ownership (e.g., Small, Woman-owned): _____ Previous SIC/NAICS Code/Size Standard: _____ Number of Technically Acceptable Offers from Small Business: _____ Comments: _____		9. Efforts Made to Locate Sources: <i>(Check Sources)</i> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">CO</th> <th style="text-align: left;">SBS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Review of Prior or Similar Acquisition</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Contracting Officer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Program Office</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> CDB Sources Sought (Copy Attached)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other Market Survey/Research Efforts, Sized Source List Attached</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Small Business Office</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> OSDBU</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SBA PRO-Net and SUB-Net Systems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> e-Portals in Commerce (e-PIC)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other: _____</td> </tr> </tbody> </table>	CO	SBS	<input type="checkbox"/>	<input type="checkbox"/> Review of Prior or Similar Acquisition	<input type="checkbox"/>	<input type="checkbox"/> Contracting Officer	<input type="checkbox"/>	<input type="checkbox"/> Program Office	<input type="checkbox"/>	<input type="checkbox"/> CDB Sources Sought (Copy Attached)	<input type="checkbox"/>	<input type="checkbox"/> Other Market Survey/Research Efforts, Sized Source List Attached	<input type="checkbox"/>	<input type="checkbox"/> Small Business Office	<input type="checkbox"/>	<input type="checkbox"/> OSDBU	<input type="checkbox"/>	<input type="checkbox"/> SBA PRO-Net and SUB-Net Systems	<input type="checkbox"/>	<input type="checkbox"/> e-Portals in Commerce (e-PIC)	<input type="checkbox"/>	<input type="checkbox"/> Other: _____
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10. Restricted Acquisition: <input type="checkbox"/> 8(a) HUBZone Offering <input type="checkbox"/> Total Small Business Set-Aside <input type="checkbox"/> 8(a) Offering <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> HUBZone Sole Source <input type="checkbox"/> Buy Indian (25 USC 47) <input type="checkbox"/> HUBZone Set-Aside <input type="checkbox"/> Other (explain) <input type="checkbox"/> Very Small Business Set-Aside		11. Unrestricted Acquisition: Small Business Set-Aside not initiated: <input type="checkbox"/> JOFOC (Authority) <input type="checkbox"/> No reasonable expectation of obtaining "two or more" offers from small business concerns providing products of small businesses. <input type="checkbox"/> Other (explain): _____ 12. Other Considerations that apply to the Solicitation: Subcontracting Plan Provision applies <input type="checkbox"/> Yes <input type="checkbox"/> No Incentive Subcontracting Provision included <input type="checkbox"/> Yes <input type="checkbox"/> No SDB Preference <input type="checkbox"/> Yes <input type="checkbox"/> No																						
13. Contracting Officer Determination: _____ Signature _____ Date _____	14. Small Business Specialist: <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcurrency _____ Signature _____ Date _____	15. SBA Procurement Center Representative: <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcurrency _____ Signature _____ Date _____																						

SMALL BUSINESS REVIEW FORM INSTRUCTIONS

<p>REQUIREMENT INFORMATION ITEMS 1-7</p> <p>(1) Enter the solicitation number/type of contract.</p> <p>(2) Enter the total estimated dollar value of the contract, including all options. Break out options, if applicable.</p> <p>(3) Enter the date for the period of performance.</p> <p>(4) Enter the item/service description or project title.</p> <p>(5) Enter the appropriate six-digit North American Industrial Classification System (NAICS) code. Based on the assigned NAICS code, enter either the applicable Number of Employees or Average Annual Receipts, Assets or Electric Output threshold associated with the NAICS code.</p> <p>(6) SBO enters the date the requisition was received for processing and inserts control number, if applicable.</p> <p>(7) Enter Contract Officer/Specialist (CO/CS) Name, Building, Room, Telephone, Fax and E-mail.</p> <p>HISTORY AND EFFORTS ITEMS 8 – 9</p> <p>(8) Check box for "NEW REQUIREMENT" if this is a first time acquisition for products/services. Check box for "RECOMPETITION" if this is a recompetition of acquisition and enter history. Check box for "SIMILAR REQUIREMENT" if this is an acquisition where the technical requirements and scope are similar and enter history.</p>	<p>(9) Check the appropriate box(es) indicating all of the resources used to identify potential sources that support the acquisition method recommended in items 10 and 11.</p> <p>RECOMMENDATIONS ITEMS 10-12</p> <p>(10) CO/CS - Check the appropriate box(es) indicating the acquisition method determined.</p> <p>(11) If no box is checked in Item 10 check appropriate box for reason(s) why an 8(a) offering or other set-aside was not initiated.</p> <p>(12) CO/CS - Check yes or no where other considerations apply.</p> <p>SIGNATURES ITEMS 13 - 15</p> <p>(13) The CO will make a determination, sign and date.</p> <p>(14) The SBS will sign and date this block and indicate concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBS doesn't concur, the SBS will recommend another method of acquisition and forward supporting documentation to CO.</p> <p>(15) The SBA/PCR, if assigned to agency, will sign and date this block indicating concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBA/ of acquisition or will initiate the SBA SF70 appeal process and forward supporting documentation to the CO.</p>
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NOTE:

In order for the Small Business Office to conduct a comprehensive review of each acquisition, at a minimum, the documentation forwarded by the CO/CS should include:

1. The statement of work, including evaluation criteria and the Government cost estimate.
2. Documentation reflecting market research/survey efforts, including source list(s) identifying the size and type of firms.
3. A copy of any justification for other than 8(a), HUBZone or small business consideration that might be applicable to the subject RFC.